

SERIAL NUMBER	FILING DATE	CLASS	SUBCLASS	CROSS ART. UNIT	EXAMINER
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APPLICANTS

Foreign priority claimed 35 USC 119 conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	AS FILED 	STATE OR COUNTRY	SHEETS DRWGS.	TOTAL CLAIMS	INDEP CLAIMS	FILING FEE RECEIVED	ATTORNEY'S DOCKET NO.
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Verified and Acknowledged Examiner's initials

ADDRESS

Assistant Examiner

TITLE

U.S. DEPT. OF COMM./PAT. & TM—PTO-436L (Rev. 12-94)

PARTS OF APPLICATION FILED SEPARATELY		Applications Examiner		
NOTICE OF ALLOWANCE MAILED		Assistant Examiner	CLAIMS ALLOWED	
			Total Claims	Print Claim
ISSUE FEE		DRAWING		
Amount Due	Date Paid	Sheets Drawn Figs. Drawn		Print Fig
ISSUE FEE REFUND				